

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028772

STATE FILE NUMBER

FILED SEP 2 1958

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 815 D

S. 300  
v. 1-57

never, venereal, etc.; must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If in institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>LAWRENCE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield, mo</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Aurora</b> <sup>0550</sup>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. John's Hosp</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>Rt 2</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>MARY MALVINA BAKER</b>			4. DATE OF DEATH Month <b>8</b> Day <b>19</b> Year <b>58</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 18, 1883</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	9. AGE (In years last birthday) <b>75</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Lawrence County, Mo.</b>
13a. FATHER'S NAME <b>John Briner</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Jones</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mrs. John Reidle Aurora MO</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>diffuse intra cranial cerebral hemorrhage</b> DUE TO (b) <b>Cerebral contusion</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) <b>Found on floor by daughter,</b>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. <b>8-17-58</b> p.m.		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Aurora Lawrence MO.</b>	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	
21. I attended the deceased from <b>8-15-58</b> to <b>8-19-58</b> and last saw her alive on <b>8-18-58</b> Death occurred at <b>St. John's Hospital</b> on the day (and place) of <b>8-19-58</b> to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>John P. Keay M.D.</b>		22b. ADDRESS <b>1636 S. Glasgow</b>	22c. DATE SIGNED <b>8-22-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Aug 21, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Calvary</b>	23d. LOCATION (City, town, or county) (State) <b>Aurora, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Oscar Marsh F. H. Aurora, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>8-26-58</b>	26. REGISTRAR'S SIGNATURE <b>Effie G. Melton</b>

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Ray B. Ireland* .....

Licensed Embalmer No. *5852* .....

P. O. Address *Aurora, Mo.* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.